

2. Agent Information

Name of Agent (first, middle initial, last)

Agent Firm Name (If applicable)

Agent ID Number (if applicable)

Agent Branch Number

Mailing Address

City

State

Zip Code

Telephone Number

3. Authorization and Indemnification

I, the Account Owner listed in **Section 1**, appoint the Agent listed in **Section 2**, as my Agent for the limited purpose of obtaining information about my account and receiving duplicate account statements from the ISave 529 plan. The Agent identified in **Section 2** shall have no authority to take any action with respect to my account except as specifically stated in the foregoing sentence. I understand that, by signing this agent authorization form, I am authorizing Ascensus Broker Dealer Services, Inc., and its affiliates, on behalf of the ISave 529 plan, to provide my Agent with information regarding my account and with duplicate account statements. I agree to hold harmless the ISave 529 plan, the State of Iowa, Ascensus Broker Dealer Services, Inc., the Plan officials and their respective agents, employees, and affiliates from any losses I incur as a result of the acts or omissions of my Agent.

➤

Signature of Account Owner

Date (mm-dd-yyyy)